

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90162 002 ***150.00

DOCUMENT # P97000103243

1. Entity Name
IN CROWD, INC.

Principal Place of Business
606 BALD EAGLE DRIVE
SUITE 500
MARCO ISLAND FL 34145
US

Mailing Address
606 BALD EAGLE DRIVE
SUITE 500
MARCO ISLAND FL 34145
US

2. Principal Place of Business
1093 N. Collier Blvd.

3. Mailing Address
P.O. Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marco Island, Florida

City & State
Marco Island, Florida

4. FEI Number **59-3492556**

Applied For
 Not Applicable

Zip
34145

Country
USA

Zip
34146

Country
Collier

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

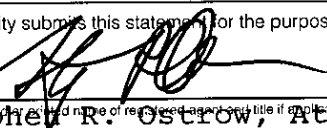
WOODWARD, CRAIG R
WOODWARD, PIERES & LOMBARDO, P.A.
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
Stephen R. Ostrow
 Street Address (P.O. Box Number is Not Acceptable)
229 N. Collier Blvd.

City
Marco Island **FL** Zip Code
34145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Stephen R. Ostrow, Attorney

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMEIER, MARION 518 CORMORANT COVE NAPLES FL 34113	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S T NIKOLOPOULOS, GEORGE 554 SOMERSET CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

389-4545

Daytime Phone #

CP2E034 (9/01)